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**Amendment II**  
**FY2020 Government of Guam Group Health Insurance Program**  
**Request for Proposal DOA/HRD-RFP-GHI-20-001**  
**(RFP)**

This is in reference to the Government of Guam's Request for Proposal DOA/HRD-RFP-GHI-20-001 issued on April 1, 2019 for the Government of Guam Group Health Insurance Program. The Government of Guam is in receipt of inquiries posed pursuant to the above mentioned RFP. The government provides the following responses:

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1. When will the STP site be available?

**RESPONSE:** *The file transfer site (FTS), <https://mft4.aon.com>, is always ready for use by current GovGuam carriers. If you are a current carrier and have forgotten your password, please follow the "request a password change" link with your email address. For new bidders, an FTS login will be established and tested prior to the due date of the proposals. Please watch for an email from the Aon transfer site that will include a temporary initial password.*

2. General Information: S. Status of Funding. What exactly is the relationship of this statement to premiums payable to the carrier? Carriers will require a guarantee that premiums will be paid. We further understand that the rules of procurement would require funds to be identified as available, and we ask for clarification of the statement and the compliance with procurement.

**RESPONSE:** *The FY2020 budget has been submitted to the Legislature. The exact amount of funding cannot be determined until bids have been received and evaluated and procurement formalized. Availability of funds will be ascertained when the Legislature has passed a budget bill which contains all the necessary appropriations for employee and retiree premiums.*

3. We would like to include a clause that any accumulated premium receivables over 90 days may be deducted from any claims payments due to the Guam Memorial Hospital.

**RESPONSE: Funding for premiums and funding for GMH are separate. This will not be an accepted proposal.**

4. Please elaborate further on the requirements of the High Performance Network, which are often referred to as "Narrow Networks"?

- a. Is GovGuam requiring certain standards of participation for a minimum number of medical disciplines to qualify the High Performance Network?

**RESPONSE: The ability to treat all covered medical conditions is required, thus all disciplines must be included, however, coverage and/or treatment could be limited to select locations.**

- b. Guam is known for not having many specialties in multiple medical disciplines. How would this part be evaluated?

**RESPONSE: Off-island care may still need to be included in your network, but perhaps only in certain locations. Note that the plan designs and coverage terms are the same for the high performance network (HPN) as they are for the plan with a broader network of provider choice.**

- c. Please provide details on the evaluation process and protocols to measure the effectiveness, quality, and comprehensiveness of a High Performance Network?

**RESPONSE: As the HPN is not the only network that will be available to members, the evaluation will focus on provider and pharmacy networks and costs in comparison to full-networks for the same coverage.**

- d. Will off-island providers be required to be part of such High Performance Network?

**RESPONSE: This will be up to the bidder to determine, but we suspect given the statement in item 4.b. that in order to effectively cover all medical conditions, that some off-island care will need to be included.**

5. PL 35-2 requires the two civilian hospitals to be included as participating or in-network providers.

- a. Will GovGuam require that the two civilian hospitals be duly contracted with the offeror?

**RESPONSE: Yes, the hospitals outlined by PL 35-2 must be contracted with the offeror to provide coverage "in-network". The contracted amount contracted for procedures will be payment in full, and no balance billing to the members will be allowed.**

- b. Will this mean that GovGuam expects the health plan will be directly billed by the civilian hospital and members will only be required to pay their respective deductible, co-insurance or copayments for covered services?

**RESPONSE: Yes, this is correct.**

- c. Will GovGuam require that members have the same co-payments or co-insurance for both civilian hospitals?

**RESPONSE: Yes, the plan design is the same no matter what hospital is accessed for services.**

- d. Are the broad and high performance networks separate options or are there parallel networks that must be offered? Will two different networks mean two different plan options?

**RESPONSE: The broad and high performance networks are intended to be offered side-by-side as a choice for the member. The broad network is required. The high performance network is intended to offer a lower cost option based upon utilization of only the highest quality and lowest cost providers. The plan design will be identical. Only the network would differ between these options.**

6. Please further clarify the participating requirements with respect to any drug rebates?

**RESPONSE: Currently, there are no requirements, however, offerors who propose full or partial pass-through of rebates may score better financially.**

7. Are carriers expected to answer the items stated on the Government of Guam Group Health Insurance Rules and Regulations? Some of the above rules and regulations seem to be conflicting with the requirements stated in other parts of the RFP.

**RESPONSE: Carriers are expected to answer. Address the perceived conflict, and responses will be evaluated on that basis.**

8. Phase I Evaluation Form, Question 19 seems to allow a health plan to limit benefit reimbursements to providers to "Usual Customary and Reasonable", which will allow any excess of such reimbursement, including for participating or in-network providers, to be billed to the member. Please confirm that the item above is only specifically stated for non-participating or out-of-network providers. In network providers should be reimbursed at contracted rates.

**RESPONSE: Participating providers are to be reimbursed at contracted rates, with no 'balance billing' of the member for amounts in excess of this rate. The Usual, Customary, and Reasonable statement is intended to apply Non-participating providers only.**

9. Phase I Evaluation Form, Question 23. Is the employee required to make the premium payment to the Government or to the carrier? What would be the deadline or time limitation to make a premium payment? Will such premium payment be made monthly or will it follow the sequence under which the premiums were being made while the individual was employed?

**RESPONSE:** *If GG does implement a lay-off, employees will not be entitled to continue benefits. If members are on approved leave without pay status, member will be required to make both the employee and employer share directly to the carrier following the payment terms of the contract.*

10. Phase I Evaluation Form, Question 24 should include that a sole source provider shall be reimbursed at the Usual Customary and Reasonable Rate.

**RESPONSE:** *A sole source provider is intended to be treated as a participating provider, with reimbursement at contracted rates if an in-network provider and at UCR rates if an out-of-network provider. In neither case is balance billing to the member allowed.*

11. Phase I Evaluation Form Question 31 clearly identifies the regions for a broad network. Please identify the regions required for the high performance network.

**RESPONSE:** *Specific regions are not required for the HPN. Rather the offeror must determine that their HPN is able to provide all medical services and conditions, and in which regions they might want to offer that coverage.*

12. Phases I/II Evaluation Form, Question 36. We assume that these requirements are taken into consideration when rating the lowest cost bidder. In other words, will GovGuam still score a carrier that provides the lowest rate, but does not meet the NAIC and capital requirements stated in question 36 with the full cost points (30 pts)?

**RESPONSE:** *The financial viability of an insurer will be taken into consideration under Phase II – Financial Points (20).*

13. Questionnaire, Question 13 may violate the existing Prompt Payment Act of Guam, which requires payments within 45 days from the date a clean claim is received. Please clarify this requirement and whether a carrier will be permitted to pay clean claims using the 90 days as opposed to the 45 days required by law?

**RESPONSE:** *Clean claims are still required within 45-days per the Prompt Payment Act; this question is confirming that all other claims will be paid within 90-days total.*

14. Questionnaire, Question 17. Please clarify the “on site” requirement? Where is this requirement outlined?

**RESPONSE:** *On-site may require the individual to work in DOA offices and travel to GovGuam departments for office hours. The individual may also be able to work remotely depending on the requirements in a particular day.*

15. Questionnaire, Question 26 states: “Provide the offeror’s most recent financial rating status for the below rating agencies:”, however, there are no rating agencies listed.

**RESPONSE:** *They are listed in rows 54-57 of the Questionnaire and labeled as Question 26 a., b., c., and d. (A.M. Best, Standard & Poors, Fitch, and Moody’s.)*

16. Dental Plans: Does GovGuam have a reference agreement that outlines the funding and payment mechanisms for a self-funded dental plan?
- a. How will GovGuam fund such program?

**RESPONSE: GovGuam will charge departments and employees a premium equivalent rate in order to fund the program.**

- b. Will this have a separate account?

**RESPONSE: Yes.**

- c. Will claim payments on the self-funded plan have to follow the same requirements as the fully insured program?

**RESPONSE: All requirements for the self-funded plan will follow the existing fully insured arrangement as closely as feasible.**

- d. What type of claims reporting will GovGuam require for the self-funded plan?

**RESPONSE: See answer 16b above**

- e. Will you require reinsurance as part of this self-funded program?

**RESPONSE: No.**

- f. How quickly will GovGuam fund the claim account for self-funded?

**RESPONSE: It is intended that GovGuam will fund the claims account as soon as possible after receipt of premium equivalent amounts from the agencies.**

17. Exhibit E requests for rates excluding the Gym and Wellness Benefit, however this benefit is outlined in Exhibit D and required by Guam law (as stated). Will it be required to provide the cost difference for this benefit?

**RESPONSE: The RFP is stating that the current expansive gym and wellness benefit should not be included in proposals, but rather purely include wellness benefits as required by law, as interpreted by the negotiating committee (a slimmed down offering) as outlined in Exhibit D.**

18. RSP-Alternative: Please clarify how the RSP would be administered to non-Medicare dependents, specifically how would the coverage of their benefits differ?

**RESPONSE: Coverage for Non-Medicare dependents on the RSP should mirror the coverage available under the PPO 1500 plan.**

19. The HSA2000 Plan design indicates "If an individual member of a family meets a \$2,700 individual deductible, the plan begins to pay coinsurance for covered services for that

individual". Please confirm that \$2,700 is accurate compared with the previous years at \$2,600.

**RESPONSE: The intended plan design should reflect \$2,600. Please write your proposal and construct your response around a \$2,600 deductible.**

20. What will be the scoring criteria and requirement for the high performance network option as identified under Exhibit D of this RFP?

**RESPONSE: The HPN will be evaluated based upon network providers and pharmacies, and cost as compared to the broad network.**

21. What specific criteria will be used as basis in determining whether to recommend an exclusive contract by a single carrier versus a non-exclusive contract by up to three (3) different carriers? Can you provide examples of how the criteria will be applied?

**RESPONSE: As required in PL 34-83, the lowest cost option of either the exclusive or non-exclusive proposal will be forwarded to the Governor.**

22. Under the exclusive contract, is the chosen carrier going to cover all GovGuam members including foster children or is there a possibility that foster children coverage will be awarded to another carrier?

**RESPONSE: Foster children may be awarded to another carrier.**

23. Public and private hospitals such as GRMC and GMH are required as in-network providers under a broad network proposal. Will the claims paid to these specific providers during the reporting period (March 2017 to February 2019) be shared with the potential offerors to ensure that the projected claim costs at these facilities were being accurately reflected and considered in the bidders proposed rates?

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

24. Please clarify the 10,000 cap under the gym benefit on Exhibit D. Is this cap being applied to both exclusive and non-exclusive bids?

**RESPONSE: This cap will apply to both Exclusive and Non-Exclusive bids, but to the Wellness portion of the proposal only, not comprehensive Medical and Dental Benefits.**

25. Is the enrollment information on Exhibit C for all eligible enrollees under GovGuam including the autonomous agencies such as the Judiciary? Or is this for currently covered members only? Will similar data be provided on a membership basis (enrollees and dependents)?

**RESPONSE: The Exhibits are currently covered subscriber counts.**

26. Where in the proposal do bidders provide their proposed rates for a gym benefit? Or, is this benefit not being offered in FY2020?

**RESPONSE:** *The RFP is stating that the current expansive gym and wellness benefit should not be included in proposals, but rather purely include wellness benefits as required by law, as interpreted by the negotiating committee (a slimmed down offering) as outlined in Exhibit D. As this limited wellness benefit is required by law, it should not have separate rates.*

27. How will the government contribution going to be determined under both the high performance and broad network option? Is it going to be based on the lowest cost plan option across all carriers similar to how it was determined in previous fiscal year's RFP?

**RESPONSE:** *The government contribution is subject to budgeting and funding and is not known at this time.*

28. Please provide the definition of a rental, lease, or wrap network.

**RESPONSE:** *These terms are referring to a network that you do not own within your own organization, but members can still access as in-network. It is possible for a carrier to offer their own network (Network A) and also a larger carrier network (Network B) and both would be considered to be in-network for the member.*

29. Given that FHP Pharmacy and FHP Dental clinic was part of the network requirement, why is the FHP Medical Center/Clinic not part of the network requirement? Is it possible to include FHP Medical Center and re-issue Exhibit D with this requirement to all potential offerors?

**RESPONSE:** *There is no specific network requirement in the RFP. The network exhibits are purely to get a feel for inclusion of top member-utilized facilities. We agree that it is inconsistent to have included some FHP facilities, but not others. However, we disagree that any amendment is required.*

30. Exhibit D is a listing the top providers for all current carrier under the GovGuam health insurance plans. Why is a listing of top medical providers/clinics in addition to top hospital facilities, surgical centers, pharmacies, dental providers for network status not part of Exhibit D? Can this separate listing of top medical providers/clinics be made available to all potential offerors?

**RESPONSE:** *This data has been requested and will be shared with all interested parties upon completion.*

31. Is the claims data provided as part of Exhibit C based on claims paid during the reporting period or claims incurred & paid during the reporting period?

**RESPONSE: Claims paid during the reporting period.**

32. Through the end of 2015, Carrier X and other potential bidders were provided with detailed claims data from all current health insurance providers to include but not limited to data dumps of all claims paid for certain periods, claims by provider and provider location and claims by diagnosis or condition. Is GovGuam going to provide the detailed claims information to ensure that any carrier participating on this RFP will be able to appropriately evaluate the risk to provide health insurance coverage to GovGuam employees, retirees and their dependents? This is also crucial for any potential reinsurer or third party risk manager.

**RESPONSE: The detail included in the RFPs has changed over time to reflect confidentiality and privacy concerns.**

33. Are the expenses considered as part of Actual Experience under the required Experience Participation Ratio consistent with the define rules and guidelines formulated by the United States Department of Health and Human Services ("U.S. HHS")? We noticed that payment for incentives were excluded which was considered valid expenses under the U.S. HHS Medical Loss ratio ("MLR") calculation.

**RESPONSE: This section of the RFP is not bound to tie exactly to the HHS MLR calculation.**

34. Please define what the Government of Guam means or defines as the "most economical" proposal based on the Public Law that requires the Government to choose the most economical proposal?

**RESPONSE: As provided in PL 34-83, the most economical and beneficial proposal is defined as the lowest cost option of either the exclusive or non-exclusive proposal.**

35. While we understand that the Government of Guam requires both a non-exclusive and an exclusive proposal be submitted, should the Governor chose a non-exclusive proposal as meeting the test of the "most economical" plan, would carriers be permitted to withdraw as a non-exclusive carrier under this circumstance?

**RESPONSE: Carriers must submit binding proposals on both an exclusive and non-exclusive basis. Withdrawal of submitted proposals will not be permitted.**

36. What is the rationale of not including network access fees, case management fees and wellness incentive rewards as part of the claims expenses?



**RESPONSE: These are administrative fees that are considered part of each carrier's allowable 14% non-claims portion of premium.**

37. While we recognize the Government of Guam has specific wellness and fitness requirements, what is the Government's position on providing or covering gym membership for FY 2020?

**RESPONSE: GovGuam is not requesting a gym benefit under the plans for FY2020.**

38. Is the Government of Guam intending to contract with one (1) carrier for FY 2020?

**RESPONSE: GovGuam is unable to respond to this question. The laws in place and the evaluation process will determine whether GovGuam will have one or more than one carrier in place for FY20. "Intent" doesn't have a place in this process.**

39. Is it possible to obtain a claims paid report by provider for FY 18 and FY19?

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

40. Can you please confirm that the claims data provided is actually "paid" claims (versus incurred, completed etc.)

**RESPONSE: Confirmed – these are paid claims, not incurred, not completed.**

41. Please confirm if the enrollment by month on the GovGuam Enrollment FY18 and YTD19 exhibit is representative of enrolled employees/retirees or members? We assume the numbers reflect employees/retirees and Foster care youth only (not total members including dependents), but are seeking confirmation to be absolutely certain.

**RESPONSE: All enrollment numbers are subscriber counts, not member counts.**

42. Can you please provide a list of catastrophic individual claims (\$100,000 or more) along with diagnosis/prognosis if possible, for FY 2018 and FY 2019?

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

43. Were there any plan changes that occurred within the past two years? If yes, please list the plan changes and % value of said plan changes.

**RESPONSE: There were no substantial plan changes over the past two years. Some minor copay changes were considered for FY18, but no changes to covered benefits, deductibles, coinsurance %, or OOP maximums were enacted.**

44. Based on data from last year's RFP, there is roughly a <\$7.3M> variance in claims (2019 vs 2018 submissions or roughly 5% of total claims). We see there has been a reduction in the number of employee/retiree participant, but is there any other additional explanation for the decreasing claims?

**RESPONSE:** Prior RFPs captured incurred claims, while the current RFP captures paid claims.

45. Please confirm that the claims paid are from all carriers.

**RESPONSE:** Yes, they are from all carriers.

46. We captured below snapshots of the claims data from RFP FY2019 and claims data from RFP FY2020 for the PPO 1500. Can you please clarify what the claims paid in the RFP FY2019 and the claims paid in the RFP FY 2020 represent, specifically for the following months:

- (i) October 2017
- (ii) November 2017

Claims 1500 presented in RFP FY 2019

#### GovGuam 1500 Plan Claims

	Medical \$1,500 PPO				Pharmacy \$1,500 PPO		
	Active	Retiree	Total		Active	Retiree	Total
October-17	\$2,847,278	\$1,583,609	\$4,430,888		\$732,748	\$589,191	\$1,321,939
November-17	\$2,505,382	\$1,637,284	\$4,142,665		\$578,658	\$541,981	\$1,120,638
December-17	\$2,592,600	\$1,262,348	\$3,854,948		\$704,827	\$556,043	\$1,260,870
January-18	\$2,411,392	\$1,898,004	\$4,309,396		\$665,467	\$605,345	\$1,270,812
February-18	\$2,165,712	\$1,526,065	\$3,691,778		\$687,588	\$721,470	\$1,409,058

Claims presented in RFP FY 2020

#### GovGuam 1500 Plan Claims

All Carriers Combined, Paid Claims Per Month

	Medical \$1,500 PPO				Pharmacy \$1,500 PPO		
	Active	Retiree	Total		Active	Retiree	Total
October-17	\$2,811,310	\$1,724,314	\$4,535,624		\$714,577	\$597,343	\$1,311,920
November-17	\$2,379,696	\$1,700,736	\$4,080,431		\$549,475	\$562,412	\$1,111,887
December-17	\$2,471,722	\$1,325,097	\$3,796,819		\$673,993	\$577,698	\$1,251,690
January-18	\$2,111,530	\$1,709,269	\$3,820,800		\$632,840	\$627,188	\$1,260,028
February-18	\$1,922,743	\$1,461,051	\$3,383,795		\$674,973	\$720,934	\$1,395,907

**Please see the answer to question 44.**

47. Can you please provide the Total Health Insurance Premiums for FY 2018 and FY 2019 (for the period October 2018 to February 2019) as follows:

	HSA 2000		PPO1500	
FY 2018	Medical	Dental	Medical	Dental
Active Employee				
Retiree				
FY 2019 (October 2018 to February 2019)				
Active Employee				
Retiree				

**RESPONSE:** Enrollment and premiums per coverage and class were supplied

48. Can you please provide the list of large claims (in excess of \$50k) for FY 17, FY 18 and FY 19 for the period October 2018 to February 2019

PPO1500	FY 2017	FY 2018	FY 2019 (Oct 2018 to Feb 2019)
Claim 1	\$ xx,xxx	\$xx,xxx	\$xx,xxx
Claim 2 etc	\$xx,xxx	\$xx,xxx	\$xx,xxx

HSA2000	FY 2017	FY 2018	FY 2019 (Oct 2018 to Feb 2019)
Claim 1	\$ xx,xxx	\$xx,xxx	\$xx,xxx
Claim 2 etc	\$xx,xxx	\$xx,xxx	\$xx,xxx

Foster	FY 2017	FY 2018	FY 2019 (Oct 2018 to Feb 2019)
Claim 1	\$ xx,xxx	\$xx,xxx	\$xx,xxx
Claim 2 etc	\$xx,xxx	\$xx,xxx	\$xx,xxx

RSP	FY 2017	FY 2018	FY 2019 (Oct 2018 to Feb 2019)
Claim 1	\$ xx,xxx	\$xx,xxx	\$xx,xxx
Claim 2 etc	\$xx,xxx	\$xx,xxx	\$xx,xxx

**RESPONSE:** This data has been requested and will be shared with all interested parties upon completion.

49. Can you please provide the list of the top 20 Rx usage for FY 2018 and for FY 2019 for the period October 2018 to February 2019?

PPO 1500		HSA2000		Foster		RSP	
Name	Amt Paid	Name	Amt Paid	Name	Amt Paid	Name	Amt Paid
Drug 1	\$ xxxxx	Drug 1	\$ xxxx	Drug 1	\$ xxxxxx	Drug 1	\$ xxxxxx
Drug 2 etc		Drug 2 etc		Drug 2 etc		Drug 2 etc	

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

50. Can you please provide the following for FY 2018?

	PPO 1500		HSA 2000	
	Active	Retiree	Active	Retiree
Average Brand Prescription Cost				
Average Generic Prescription Cost				
	Foster		RSP	
Average Brand Prescription Cost				
Average Generic Prescription Cost				

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

51. For FY 2018, Average Length of Stay and Average Paid amount per admission and Average Paid amount per day for the following:

PPO 1500	HSA 2000	RSP	Foster
Active	Active		
Retiree	Retiree		

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

52. What percentage of Medical claims paid for FY 2018 is for Inpatient, Outpatient and Professional category.

	PPO 1500	HSA 2000	RSP	Foster
Inpatient				
Outpatient				
Professional				

**RESPONSE: This data has been requested and will be shared with all interested parties upon completion.**

53. Can a carrier offer an optional "High Performance/Narrow" Network without GRMC?

**RESPONSE: Yes. It is up to each carrier to determine which facilities and providers will be in their HPN.**

54. If the "High Performance/Narrow" Network allows no GRMC in the network, what will be the basis for the Eligible Charges under the Sole Source Provider policy provision for services received and available only at GRMC?

***RESPONSE: The basis for claims under the Sole Source Provider language is requested at 125% of Medicare reimbursement for services.***

55. What percentage of the Medical claims paid for FY 17 and FY 18 are from Guam providers for the following: PPO 1500, HSA 2000, RSP and Foster Plans?

***RESPONSE: This data has been requested and will be shared with all interested parties upon completion.***

56. Can you please provide the planned operational details on the Dental PPO stand alone Self Funded option.

***RESPONSE: The self-funded dental plan design and claims payment will operate the same from the member perspective. The only difference will be in funding. Rather than collecting a fully-insured premium from agencies and remitting it to the carriers, DOA will collect a "premium equivalent" from agencies, hold these funds in an account for payment of the dental plan administrative fees and claims, and will remit payment to the administrator from this account.***

57. With respect to the Experience Participation Ratio, are costs of Disease Management programs reportable as Claims for Actual Experience calculations?

***RESPONSE: The intent of the EPR is to capture the dollars spent on member care, not administrative costs to the carrier. The specifics of this calculation may be subject to negotiation.***

58. What is GovGuam's intent on gym membership as a required benefit? Per Exhibit D Instructions tab, required quotes are for an exclusive and nonexclusive packages "excluding a gym membership." On the Wellness tab of the same file, it appears that gym benefits continue to be a requirement. Gym membership payments are even allowed as Claims for Experience Participation purposes. Are gym memberships required or not?

***RESPONSE: Gym memberships are not required as part of this RFP. Of course, if you want to include one, you are welcome to do so. However, the RFP is now asking for a limited wellness benefit as required by law, and as interpreted by the negotiating committee. This limited benefit must be included in rates proposed.***

59. Enrollment data for the past three (3) fiscal years including FY2017, FY2018, and the first six months of FY2019:
- a. detailed by active and retiree, including dependents, by carrier (e.g. Carrier X) and plan type (e.g., 1500 plan);

**RESPONSE: Data is intentionally aggregated to protect carrier confidentiality. Further detail will not be provided, except as stated elsewhere.**

- b. Number of retirees on Medicare Part B & D by carrier (e.g. Carrier X) and plan type (e.g., 1500 plan).

**RESPONSE: Data is intentionally aggregated to protect carrier confidentiality. Further detail will not be provided, except as stated elsewhere.**

60. 100% of all claims filed in UB04 and HCFA 1500 format including a unique identifier for each patient (e.g., SSN, name with birth date, etc.) for the past three (3) fiscal years including FY2017, FY2018, and the first six months of FY2019.

**RESPONSE: Data is intentionally aggregated to protect carrier confidentiality. Further detail will not be provided, except as stated elsewhere.**

61. If claims were filed by providers outside the United States and its Territories, please provide data as close to the UB04 and HCFA 1500 file format as practicable.

**RESPONSE: Data is intentionally aggregated to protect carrier confidentiality. Further detail will not be provided, except as stated elsewhere.**

62. 100% of paid claims including HCPCS codes and/or CPT codes by carrier (e.g. Carrier X) and plan type (e.g., 1500 plan).

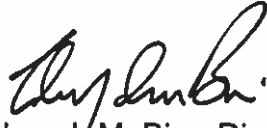
**RESPONSE: Data is intentionally aggregated to protect carrier confidentiality. Further detail will not be provided, except as stated elsewhere.**

63. 100% of paid pharmacy claims, including mail order pharmacy, showing the NDC codes for all pharmaceuticals by carrier (e.g. Carrier X) and plan type (e.g., 1500 plan).

**RESPONSE: Data is intentionally aggregated to protect carrier confidentiality. Further detail will not be provided, except as stated elsewhere.**

64. Methodology for computing employee and employer contributions for active and retiree.

**RESPONSE: The government contribution is subject to budgeting and funding and is not known at this time.**

  
Edward M. Birn, Director  
Department of Administration